

BOARD MEETING MINUTES

November 4-5, 2010

Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Blvd
Sacramento, CA 95834

November 4, 2010

Members Present

Renee Lonner, Chair, LCSW Member
Elise Froistad, Vice Chair, MFT Member
Samara Ashley, Public Member
Janice (Jan) Cone, LCSW Member
Gordonna (Donna) DiGiorgio, Public Member
Harry Douglas, Public Member
Mona Foster, Public Member
Patricia Lock Dawson, Public Member
Michael Webb, MFT Member
Christine Wietlisbach, Public Member

Staff Present

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
Rosanne Helms, Regulations/Legislative
Analyst
Marsha Gove, Examination Analyst
Gary Duke, Legal Counsel
Paula Gershon, Program Manager
Debbie Flewellyn, MFT Evaluator
Lynne Stiles, IT Analyst
Christina Kitamura, Administrative Analyst

Members Absent

Judy Johnson, LEP Member

Guest List

On file

FULL BOARD OPEN SESSION

Renee Lonner, Board of Behavioral Sciences (Board) Chair, called the meeting to order at 8:37 a.m. Marsha Gove called roll, and a quorum was established.

I. Introductions

Board members, Board staff, and meeting attendees introduced themselves.

II. Approval of the July 28, 2010 Board Meeting Minutes

Kim Madsen requested all references to the American Association for Marriage and Family Therapy be corrected to American Association for Marriage and Family Therapy California Division (AAMFT-CA) throughout the July 28, 2010 Board meeting minutes.

Christine Wietlisbach moved to approve the July 28, 2010 Board meeting minutes as amended. Mona Foster seconded. The Board voted (8 in favor, 1 abstention) to pass the motion.

III. Approval of the September 1, 2010 Board Meeting Minutes

Donna DiGiorgio moved to approve the September 1, 2010 Board meeting minutes. Elise Froistad seconded. The Board voted (8 in favor, 1 abstention) to pass the motion.

IV. Approval of the September 9, 2010 Board Meeting Minutes

Ms. Madsen noted a correction on page 15, 4th paragraph, 1st sentence: correct “addressing” to “addressed.”

Correction on page 3: correct “Mr. Lonner” to “Ms. Lonner.”

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), requested comments made by Michael Webb to be included following Tracy Rhine’s comments on page 8.

Olivia Loewy, AAMFT-CA, requested that the American Association for Marriage and Family Therapy be referred to as AAMFT-CA throughout the minutes.

Tracy Montez, Applied Measurement Services, noted a correction on page 4, last paragraph, 4th sentence: strike “meaningful.”

A correction was noted on page 8, 2nd paragraph, 1st sentence: correct “Ms. Wietlisbach” to “Ms. Froistad.”

Ms. Lonner tabled the approval of the September 9, 2010 Board meeting minutes.

V. Approval of June 8, 2009 Licensed Clinical Social Worker Education Committee Minutes

Ms. Madsen explained that staff recently discovered that the June 8, 2009 Licensed Clinical Social Worker Education Committee (Committee) minutes were not yet approved. Staff is bringing these minutes to the existing Committee members for approval.

Donna DiGiorgio moved to approve the June 8, 2009 Licensed Clinical Social Worker Education Committee minutes. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

VI. Chairperson’s Report

a. 2011 Board and Committee Meeting Dates

Ms. Lonner presented the 2011 meeting dates. She stated that not all meetings will be held in Sacramento as indicated in the meeting materials. The meeting dates were based on the legislative calendar and existing furlough orders.

Ms. Lonner also reported that the executive officers of the healing arts boards are participating in regular teleconference meetings. These meetings are positive and going very well.

VII. Executive Officer's Report

a. Budget Report

Ms. Madsen reported that at the last Board meeting, she reported an anticipated unexpended reserve of \$56,000. After complying with directives to furloughs and to reduce expenditures and travel, and committing to revert 15% from the Operating Expense and Equipment line, which was never reverted, the figure has changed. The unexpended amount figure reflects a significant increase from our initial projection of \$56,000 to \$445,648.

On October 8, 2010, Governor Schwarzenegger signed the budget for fiscal year 2010/2011. The signing of the budget provides the Board the spending authority for its \$8,308,000 budget and MHSA budget of \$122,000.

The Board will continue to operate under Executive Order S-01-10 which directs state agencies to achieve an additional five percent savings in personnel expenditures as well as directives to continue to reduce Operating Expenses and Equipment items.

The Legislative Analyst Office (LAO) indicates that California will continue to face budget problems in 2011/2012 and beyond. In mid November, the LAO will release its fiscal outlook report. This report will provide some insight as to the budget challenges California lawmakers will grapple with as they prepare the 2011/2012 budget.

Although the Board is a self-funded agency and is fiscally solvent, the Board is part of the state government structure. Therefore, the Board anticipates continued direction to achieve reductions in expenditures to assist in the overall efforts to provide the needed fiscal relief to the state budget.

Harry Douglas asked how staff expects to meet the mandate given the Board's budget situation and the current fiscal climate. Ms. Madsen responded that management is constantly visiting this issue and readdressing how to meet mandates with existing operations. Management had to eliminate some things, such as school outreach events. Outreach is very important, however, the Board cannot physically perform these duties at this time because the staff is needed to perform the critical needs, such as processing applications. Staff is exploring more creative ways to get information out to the schools. Ms. Madsen assured that staff will meet the public mandate.

b. Operations Report

The quarterly statistics and examination statistics were provided for the Board's review. Ms. Madsen noted that application processing times are expected to increase due to staff vacancies.

c. Personnel Update

Ms. Madsen reported on two staff departures that occurred since the last Board meeting. Due to one departure, the Board has only one Marriage and Family Therapist (MFT) Evaluator. The MFT desk is experiencing a backlog dating back to applications received in late August. The second departure leaves a vacancy for the Continuing Education Evaluator position. Overall, there are 3 vacancies in the Licensing Unit and one vacancy in the Administration Unit.

Ms. Madsen stated that the Board has the ability to recruit for these positions, but as of today, the job advertisements have not yielded any applications for these vacant positions.

Ms. Madsen reported that the Board was approved for several positions to staff the Licensed Professional Clinical Counselor (LPCC) program in the 2010-2011 budget. However, due to the Governor's recent directive to cease hiring, the Board is unable to recruit and fill those vacancies at this time.

d. Licensed Professional Clinical Counselor Update

Ms. Madsen reported that Board staff continues to make remarkable progress towards the implementation of the LPCC program with existing resources. The rulemaking package to implement the provisions related to Senate Bill 788, Chapter 619, Statutes of 2009 and the creation of the LPCC program has been forwarded to DCA for review. This package contains rulemaking to establish the program fees and forms. Board staff continues ongoing discussions with the Office of Information Services to identify and implement the necessary programming edits to existing databases to include the LPCC program. Staff is currently recruiting Subject Matter Experts for LPCC exam development and developing application forms.

Ms. Madsen reported that management cannot hire for the staff to implement the LPCC program, as noted earlier. Staff submitted an exemption request to hire the staff to implement the LPCC program as well as to execute a contract to develop the GAP exam.

Ms. Froistad asked for projected timelines. Ms. Madsen reported that the Office of Professional Examination Services (OPES) is currently developing a law and ethics exam for the LPCC program. The Board recently received approval to execute the contract to develop the GAP exam. The contract is in the process of being awarded. The process to develop the exam is about 6 months. The standard written exam currently is in development. This is all dependent on the regulation packet, which may be finalized in January. The regulation packet establishes the fees and forms. Ms. Madsen anticipates that the application forms will be available in early February.

Ms. Madsen explained that once the Board begins accepting applications, if there is a deficiency on the application, the applicant has one year to resolve the deficiency. The law and ethics exam will be available February 1st.

e. Strategic Plan Update

The Strategic Plan update was provided for the Board's review. Ms. Madsen stated that overall, the Board is doing very well given its challenges.

VIII. Department of Consumer Affairs Update

Brian Stiger, Department of Consumer Affairs (DCA) Acting Director, presented an update on DCA's processes. Mr. Stiger stated that over the past year, the Executive Office at DCA has been making an effort to reach out to its boards and board members. The Executive Office holds teleconference meetings with the board chairs. This is a collective effort to talk about issues and solve problems.

In response to Mr. Douglas' question regarding meeting mandates, Mr. Stiger commended Kim Madsen on her work. He stated that with the challenges and stress put upon her and Board staff, Ms. Madsen has been outstanding working with DCA and always comes through.

Mr. Stiger added that the Board has the authority to set priorities for the executive officer to fulfill.

Mr. Stiger reported that in August, the Governor met with all directors and agency secretaries. The Governor implemented a directive stating that nobody can hire state employees or work overtime unless approved by the Governor or the Governor's cabinet Secretary through an exception request. Since September, DCA has been able to get 5 exception requests approved. DCA is committed to support the Board in moving forward with the exception request to hire for the LPCC program positions.

Mr. Stiger added that the hiring freeze will be in effect for the remainder of the Governor's term. It is yet to be seen what the next Governor will do in regards to the hiring freeze.

Mr. Stiger reported that enforcement in the healing arts boards is DCA's highest priority. The main goal is to be able to formally discipline licensees within 12 to 18 months. To meet this goal, formal training courses have been established for enforcement staff; executive officers were given subpoena authority to obtain records and testimonies quicker; and DCA established process improvements. Mr. Stiger anticipated getting to the 18-month goal within 2 years even with the hiring constraints.

Mr. Stiger reported that Senate Bill 1111 would provide additional authorities to the executive officer to investigate cases quicker and prosecute cases quicker. Unfortunately, the bill was defeated. All of the boards are encouraged to take a look at SB 1111 and implement through regulations where the boards can do that. This will help the boards get to the 12-18 months goal.

Mr. Stiger reported that DCA is developing a new database system, the BreEZe project. This will replace the current system that has been in place for many years. This will also help the boards reach the 12-18 months goal.

Mr. Stiger reported that Senate 1441 would standardize the way healing arts boards monitor substance-abusing health care practitioners. As a group, standards and guidelines were developed that was passed last year. DCA is encouraging the boards to establish regulations or policies to implement as many of the standards as possible.

Mr. Stiger reported on licensing for job creation. In an effort by the Governor, all boards, bureaus, and programs were licensing people as quickly as possible to help the economy.

In regards to the Federal Health Care Reform, this is going to place a huge burden on health care workforce, enforcement, and licensing. DCA is encouraging the boards to have an ongoing dialogue about this, and how the boards can be proactive. The state currently has an effort to find out where the gaps are in the workforce and establish those numbers. Office of Statewide Health Planning and Development are trying to establish surveys for all of the healing arts boards to survey licensees. Some boards, such as the Medical Board, are mandated to provide the information required in order to discover the gaps, but not all boards are mandated. The boards are encouraged to follow this example for the collective good of the state.

Ms. Riemersma addressed the meetings held between DCA's executive office and board chairs, and asked if the meetings were closed meetings, and if so, how can that type of meeting be a closed meeting. Mr. Stiger responded that each board has one representative, the board chair; therefore, it is not subject to the Bagley-Keene Act. Gary Duke, legal

counsel to the Board, added that the assembly of executive officers and board chairs at the request of the director does not constitute a meeting as outlined in the Bagley-Keene Act; it's not an official state-created body.

Patricia Lock-Dawson joined the Board meeting at 9:35 a.m.

IX. Licensing and Examination Committee Report

a. Discussion and Possible Action to Sponsor Legislation to Revise the Board's Examination Process for Marriage and Family Therapists and Clinical Social Workers

Rosanne Helms reported that the Board directed staff to draft proposed legislative language to implement a re-structure of the examination process at its Board meeting in July 2010. Draft legislative language was then presented and approved at the September 2010 Licensing and Examination Committee meeting. The proposed exam re-structure would change the exam process for applicants seeking Marriage and Family Therapist (MFT) and Clinical Social Worker (LCSW) licensure on or after January 1, 2013. If the re-structure is adopted, applicants for MFT and LCSW licensure will be required to pass two examinations: a California law and ethics examination and a clinical examination. These new exams replace the standard written and the clinical vignette exams currently in place.

Ms. Helms outlined the process. A new registrant with the Board would be required to take the law and ethics exam. This exam must be taken within the first year of registration with the Board. If the law and ethics exam is not passed within the first renewal period, the registrant must complete a 12-hour law and ethics course in order to be eligible to take the exam in the next renewal cycle. The exam must be re-taken in each renewal cycle until passed. In addition, in each year the exam is not passed, the 12-hour law and ethics course must be taken to establish examination eligibility. According to current law, a registration cannot be renewed after six years. If a registrant's registration expires, he or she must pass the law and ethics exam in order to obtain a subsequent registration number.

Ms. Helms explained that once a registrant has completed all supervised work experience, completed all education requirements, and passed the law and ethics exam, he or she may take the clinical exam. This exam must be passed within seven years of an individual's first attempt. If it is not passed within this timeframe, the individual's eligibility to further attempt the exam is placed on hold. He or she must then pass the current version of the law and ethics exam before re-establishing eligibility to take the clinical exam.

Ms. Helms outlined the exam fees for Associate Social Workers (ASW) and MFT Interns, the fee for the law and ethics exam is \$100. The fee for the clinical exam is \$100.

Ms. Helms reported that the Governor recently signed AB 2167, which permits the Board, by regulation, to allow applicants for clinical social worker licensure to take the national Association of Social Work Boards (ASWB) Clinical Level Exam administered by the ASWB, if the Board determines that this national exam meets California standards.

At the September 13, 2010 Licensing and Examination Committee meeting, the AAMFT-CA suggested the Board consider adding language allowing applicants for MFT licensure

to take a national examination as well, if the Board determines by regulation that the national examination is acceptable.

Ms. Helms outlined staff concerns with adding similar language to the exam restructure legislation. The first is that AB 2167 created several duplicate sections in License Clinical Social Worker (LCSW) code, which become operative if the Board makes certain determinations through regulations. Adding too many duplicative sections to code may make it confusing for consumers and staff to determine which code is correct at the present time.

Ms. Helms explained the second concern, stating that there is no clear benefit to allowing the exam in regulation versus legislation. If the Board determined that a national MFT exam met California standards, it would take approximately the same amount of time to allow such an exam through legislation versus regulation. Currently, the regulation process is taking approximately one year.

The recommendation to the Board is to direct staff to proceed with introducing Board-sponsored legislation to re-structure the examination process, and to direct staff to make any non-substantive changes to the proposed language.

Ms. Madsen responded to the question regarding possible opposition if the Board moved forward with legislation instead of regulation. Her response was that she expected some opposition. Board has been working with this process for nearly two years and is ready to move forward. This structure would set up the frame work to begin utilizing the national exam if the Board deemed that it is appropriate. For the time period, the Board would continue to have a law and ethics component and a standard clinical written exam. If it's determined that the Board can use the national exam, the second exam would be replaced and the law and ethics component would remain in place. This is consistent with the exam structures of other healing arts boards.

Ms. Riemersma asked how CAMFT could present suggestions to the language. Ms. Rhine responded that CAMFT can contact Board staff.

Janlee Wong, National Association of Social Workers (NASW), asked if the law and ethics exam would be the same for both LCSWs and MFTs. He stated that the ethics code may be different between the two professions. Ms. Madsen responded that exam development goes through the process of utilizing subject matter experts (SME) and occupational analyses.

Mick Rogers, Clinical Society for Clinical Social Work (CSCSW), stated that CSCSW has specific law and ethic codes pertaining to social workers and asked to be involved in any discussions on law and ethics.

Ms. Rhine clarified that there are separate exams for the LCSW, MFT, and LEP.

Elise Froistad moved to direct staff to proceed with introducing Board-sponsored legislation to re-structure the examination process and direct staff to make any non-substantive changes to the proposed language, and then submit to Legislative Counsel so that they may begin drafting the proposed changes in bill form. Renee Lonner seconded. The Board voted unanimously (10-0) to pass the motion.

b. Discussion and Possible Action Regarding the National Counselor Examination and the National Clinical Mental Health Counselor Examination

Ms. Rhine reported that Senate Bill 788 created the LPCC Act, which requires the Board to license and regulate LPCCs. A provision of that act requires the Board to evaluate various national examinations to determine if the state can use those examinations for incoming candidates for LPCC licensure.

Ms. Rhine explained that at the July 28, 2010 Board meeting, the Board voted to not accept the National Board for Certified Counselors (NBCC) National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination. The Board also directed staff and Applied Measurement Services (AMS) to continue working with NBCC to address Board concerns with the national examinations in an effort to continue moving toward California acceptance of national examination for LPCC licensure.

Dr. Tracy Montez, AMS, emphasized that NBCC's examinations do meet professional guidelines and technical standards. However, California has higher standards and greater expectations in transparency. AMS performed an assessment of the national exam programs and pointed out concerns of the Board. AMS received authorization from NBCC to present information from their discussions in a public forum.

Dr. Montez presented the concerns:

- Job analysis work: This is also known as the occupational analysis. The job analysis involved a limited number of SMEs, and they typically worked with a committee. In California, there are several committees and many SMEs are involved. NBCC responded that they will explore using larger groups and SMEs from California in their next occupational analysis.
- Examination Development: This involved a limited number of SMEs, and they typically worked with a committee. In California, there are several committees and many SMEs are involved. NBCC responded that they will explore using larger groups and SMEs from California in their next examination development.
- Passing scores: NBCC agreed that if California would become a jurisdiction, NBCC would release their detailed content outline, also known as the examination plan, which they keep confidential. Candidates should know what they are being tested on. NBCC shared their passing rates, which range from the low 60's to the high 80's with the average around 78-80% for the NCE. The passing rates for the other clinical exam ranged between the 60's to 70's. The NCE passing rates are higher than BBS passing rates; however, the Board does not have to adopt both exams.
- Test administration: NBCC contracts with a vendor that uses sites that are used for other non-testing purposes. California's vendor is not allowed to use its sites for anything other than testing. NBCC provided reports outlining security procedures. Dr. Montez stated that it appears that the integrity of the testing process is not compromised by the business conducted at those sites.
- Transparency of examination programs and test security: NBCC holds close its testing materials, as does California. When joining a national organization, there is an expectation of being able to review data and understanding the process. Dr. Montez explained to NBCC that the Board and its psychometric vendor will request frequent updates, not annual updates. Most national programs provide only annual

updates. NBCC agreed to negotiate contract language allowing the Board access to that data to the extent that it does not compromise the exams.

Dr. Montez concluded by emphasizing that NBCC is very willing to work with the Board. Based upon discussions and ability to share this information in a public forum, she recommended that the Board continue these discussions with NBCC to move forward, to continue the relationship with OPES that have been established, and to move forward in determining which of the exams would be suitable given that they show good faith on these issues.

Ben Caldwell, Alliant International University, encouraged discussions with NBCC to ensure that data on pass rates by school are provided.

The Board convened for a short break at 9:53 a.m. and reconvened at 10:14 a.m.

X. Discussion and Possible Action Regarding the Possible Use of the Association of Social Work Boards Clinical Licensure Examination in California

Ms. Rhine reported that currently LCSW candidates take a Board-developed written examination and a clinical vignette examination. The Board was a member of ASWB from October 1991 through March 1999. The Board moved away from the ASWB exam and developed its own exam. In 2008, the Board contracted with Dr. Montez to perform an audit of the ASWB LCSW exam plan. Dr. Montez outlined strengths and weakness, or issues with the ASWB program in the overall conclusions presented to the Board. Dr. Montez stated that it would be inappropriate at that time for the Board to use the ASWB exam in California. The Board decided to continued with its own exam, and directed staff to continue working with ASWB to address Board concerns. Staff and Dr. Montez continued to do so.

On March 16, 2010, the ASWB responded to the Board's concerns based on the audit noting that it had taken steps to address each of the Board's concerns. Since that time, staff and Dr. Montez have been engaging in discussions with ASWB regarding very specific points.

Dr. Montez provided an update regarding the discussions between ASWB and AMS. There were four contract negotiating points presented:

- Continue to diversity the SME pool: ASWB has done this and provided the Board with SME recruitment information if the Board chooses to move forward with becoming an ASWB jurisdiction.
- Involve California SMEs and clinical item development resources to assist in developing more practice-oriented test questions: ASWB has done this and provided the Board with SME recruitment information if the Board chooses to move forward with becoming an ASWB jurisdiction.
- Development and use of knowledge statements: ASWB expressed interest in addressing this point in future practice/occupational analysis work. ASWB recently completed its practice analysis and did receive input from California licensees in development of the practice analysis survey and in sampling of actively practicing licensees.
- Availability of examination data and review of clinical exam program processes: ASWB expressed a willingness to negotiate how data will be presented to the Board, and not just on an annual basis. ASWB does provide data on pass rates by school.

Based on this information, Dr. Montez recommended that the Board continue moving forward with becoming an ASWB jurisdiction.

Mr. Douglas commented that the testing process is a dynamic process. He stated that the methodology being used by ASWB is different. He asked how the Board can reconcile the differences for the future. Dr. Montez responded that the Board must be active in oversight and monitor the process, stay involved, get California SMEs involved in the national process, and attend ASWB meetings. The Board still has the responsibility of looking at the scope of practice every five years, looking at the national exam to ensure that it is still meeting the standards outline in Business and Professions Code Section 139. The Board has the right to look at data, to ask about the SMEs, and all the testing processes that currently takes place with OPES. This evaluation should take place annually, and then further in depth every five years.

Ms. Froistad asked if there was a benefit in the Board moving forward now and becoming a member of ASWB knowing that the next practice analysis will not be performed for another four years. Ms. Madsen responded that the benefit is that it will allow the Board to solicit California licensees to help develop the exam questions. California will have better representation and would be in place to participate in that practice analysis.

Jan Cone moved to direct staff to continue with discussions in developing contract language. Harry Douglas seconded. The Board voted unanimously (9-0) to pass the motion.

XI. Policy and Advocacy Committee Report

a. Discussion and Possible Legislative Action Regarding Limiting Hours of Client Centered Advocacy Performed by Marriage and Family Therapy Interns and Trainees

Ms. Rhine reported. In 2009, the Board sponsored SB 33 that allowed MFT applicants to earn hours of experience for Client Centered Advocacy (CCA). CCA is defined as including, but not limited to, "researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services." This was grouped with direct supervisor contact and professional enrichment activities. This section used to allow up to 1,000 hours and direct supervisor contact and professional enrichment activities combined. With the addition of CCA, the total number of hours allowed was increased by 250 hours, for a maximum of 1,250 hours combined.

However, in just the short period of time that the law has been in effect, staff has noticed up to 500 hours of CCA. When looking at the law, there is a limitation on professional enrichment hours. There are not limitations on CCA and direct supervisory contact. The question was posed as to whether or not there should be some limitation on this experience.

At the October 12, 2010 meeting, the Policy and Advocacy Committee (Committee) recommended that the Board consider limiting the number of CCA hours to a total of 500 and to allow flexibility with combining the hours with those gained administering and evaluating psychological tests. Staff changed the language to reflect 1,000 hours instead of 1,250 hours, CCA removed from that section and inserting the following language:

Not more than 500 hours of experience in the following:

- (a) Experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes. An applicant shall have no more than 250 hours of this type of experience.
- (b) Client centered advocacy.

Michael Webb stated that his understanding was that there would be flexibility in the language to allow more than 250 hours in evaluating psychological testing. Ms. Rhine stated that if the Board decided to eliminate the 250 hours, the language would reflect that.

Ms. Rhine asked the Board if it wants to limit the experience in administering and evaluating psychological tests, or does it want to allow maximum flexibility between all three categories. Ms. DiGiorgio responded that the intent was to allow the flexibility.

Ms. Loewy asked what the rationale behind the concern for CCA hours in the context of recovery. Ms. Rhine responded that this was included because it was part of the recovery model and allowing maximum flexibility. The concern through staff's perspective is that a person can get a large number of hours through means other than direct supervisor contact, direct counseling or client interaction.

Ms. Loewy asked when considering the changing of the profession with recovery, the needs of the agencies and clients, will this be an issue for the agencies that employ interns. Ms. Froistad responded that Medi-Cal is very specific about what agencies can bill for; some of it can be for CCA hours, but a good portion of it must be therapeutic, one-on-one hours. Most of the agencies that are using MFTs in this capacity performing client-centered, recovery model work are using Proposition 63 funds, which then is directed by Medi-Cal billing. Ms. Froistad believes that this will not affect the agencies because the agencies had to adjust what their interns were doing based on that funding.

Ms. Loewy stated that they have to come up with creative ways to bill due to the recovery model, the medical model and Medi-Cal. Ms. Froistad agreed and added that there is not a constrain on how interns can count the hours, it's a matter of being creative in how they bill that time.

Questions were posed regarding the history and further clarification on the purpose of limiting CCA hours. Ms. Rhine provided answers to those questions.

Ms. Riemersma supported the limitation of the hours, and stated that 500 hours is an appropriate cap because clinical experience and supervision is very important for license applicants.

Michael Brooks, CSCSW, asked if there is a definition for CCA stated in law. Ms. Rhine affirmed and referred Mr. Brooks to section 4980.03(h). Mr. Brooks stated that there is a problem with the definition. The definition can encompass general case management. Mr. Brooks suggested the term "client oriented client centered advocacy." This would make it more clear for the intent of the law.

Dr. Caldwell supported the language presented by staff. Recalling the October 12th Committee meeting, the Committee wanted to be proactive and not wait for a problem to emerge, but did want to be prohibitive in overly restricting hours for those already in recovery settings. Mr. Caldwell expressed that this is a good compromise.

Renee Lonner moved to direct staff to draft proposed statutory language for inclusion on the Board's omnibus bill as amended. Elise Froistad seconded. The Board voted (9 in favor, 1 abstention) to pass the motion.

b. Discussion and Possible Action Regarding Proposed Omnibus Legislation Amending Business and Professions Code Sections 4980.03, 4980.36, 4980.37, 4980.40.5, 4980.42, 4980.45, 4982.25, 4989.54, 4990.38, 4992.3, 4992.36, 4996.13, 4996.24, 4999.12, 4999.120, 4999.91, 4999.103, 4999.455 and Health & Safety Code Section 128454

Ms. Helms reported. Upon review, staff has determined that several sections of the Business and Professions Code (BPC), and one section of the Health and Safety Code (HSC) pertaining to the Board require amendments. These amendments are proposed in the omnibus legislation:

- BPC Section 4980.03 MFT Intern Supervisors: Currently, LPCCs are not included as licensees that may supervise MFT interns. The recommendation is to add LPCCs to the list of licensees listed in section 4980.03(g)(1) which may supervise MFT interns.
- BPC Sections 4980.36, 4980.37, 4980.40.5, and 4999.12 BPPE: As a result of AB 48, the Bureau for Private Postsecondary Education (BPPE) was created, which replaced the former the Bureau for Private Postsecondary and Vocational Education (BPPVE). The recommendation is to correct errant references to BPPVE referenced in those sections to reflect the Bureau's new name.
- Section 4980.36 MFT Client Centered Advocacy Hours: This section requires that a qualifying degree for licensure include practicum that includes a minimum of 225 hours of face-to-face experience counseling individuals, couples, families or groups, and states that up to 75 of these hours may be gained performing client centered advocacy. However, client centered advocacy, as defined in section 4980.03, does not consist of face-to-face contact. The recommendation is amend the section to clarify the type of experience required. Ms. Helms presented proposed amended language.
- BPC Section 4980.42 Trainee Work Setting: BPC section 4980.42(a) discusses the conditions of a trainee's services. The section incorrectly references section 4980.42(e), which outlines requirements of work settings for interns. It should reference 4980.42(d), which discusses the requirements of work settings for trainees. The recommendation is to amend section 4980.42(e) to correctly reference 4980.43(d).
- BPC Section 4980.45 and 4996.24; Add BPC Section 4999.455 Supervision of Registrants Limitation: Last year the Board voted to limit the number of registrants a supervisor can supervise in a private practice setting. Current MFT and LCSW law now limits the number of registrants that a licensed professional in private practice may supervise or employ to two individuals registered either as an MFT intern or an ASW. Additionally, an MFT, LCSW, or LPCC corporation may currently employ no more than ten individuals registered either as MFT interns or ASWs at any one time. There is currently no limit on the number of clinical counselor interns that may be supervised in private practice. In order to apply the supervision policy equally across Board license types, the Policy and Advocacy Committee, at its meeting on October 12, 2010, discussed applying similar limitations to the supervision of LPCC interns in private practice settings. Based on the recommendation of the Committee, staff has drafted language reflecting a limitation

of three registrants for a supervisor in private practice. Additionally, the Committee recommended drafting language stating that a MFT, LCSW, or LPCC corporation may currently employ no more than fifteen individuals registered by the Board at any one time. Ms. Helms presented proposed amended language.

- BPC Sections 4982.25, 4989.54, and 4992.36; Add Section 4999.91 Disciplinary Action: Currently sections for MFTs, LCSWs, LEPs discuss grounds for denial of application or disciplinary action for unprofessional conduct. Each section lists the various licenses the Board issues and states that actions against any of these licenses constitute grounds for disciplinary action against the license that is the subject of that particular code. However, each code section leaves out action against its own license as grounds for disciplinary conduct. There is no equivalent section in LPCC law stating that action against a Board license or registration constitutes grounds for disciplinary action against an LPCC license or registration. The recommendation is to amend those sections to list all four of the Board's license types. Staff recommends that section 4999.91 be added to LPCC code to mirror those codes.
- BPC Section 4990.38 Disciplinary Action Taken by the State of California: This section currently allows the Board to deny an application or suspend or revoke a license or application if disciplinary action has been taken by another state, territory or governmental agency against a license or registration. The code does not allow the Board to deny or suspend a license or application based on disciplinary action taken by the State of California. The recommendation is to amend this section to include disciplinary action taken by the State of California.
- Amend BPC Section 4992.3 LCSW Scope of Competence: This section of the LCSW code states that holding one's self out as being able to perform any service beyond the scope of one's license is unprofessional conduct. However, the equivalent code sections in MFT, LEP, and LPCC law state that it is considered unprofessional conduct to perform any professional services beyond the scope of one's competence. The recommendation is to amend this section of the LCSW code to include scope of competence.
- Amend BPC Section 4996.13 LCSW Work of a Psychosocial Nature: Current law allows certain other professional groups to practice work of a psychosocial nature as long as they don't hold themselves out to be a LCSW. The professional groups that are allowed to practice social work are listed in this section. LPCCs are not included in the list. The recommendation is to add LPCCs to the list in this section of professional groups allowed to practice work of a psychosocial nature.
- Add BPC Section 4999.103; Amend HSC Section 128454 LPCC Mental Health Practitioner Education Fund: The Board's MFT and LCSW licensees and registrants pay an additional \$10 biennial fee upon renewal of their license to support the Mental Health Practitioner Education Fund. LPCCs and clinical counselor interns are not currently subject to this fee, and are also not currently included in the list of eligible licensed mental health service providers listed in HSC section 128454(b)(1). The recommendation is to add BPC Section 4999.103 to the LPCC code. With the addition of this section LPCCs and clinical counselor interns would be required to pay an additional \$10 fee upon renewal, which would be deposited in the Mental Health Practitioner Education Fund. Amend HSC section 128454(b)(1) to include LPCCs and clinical counselor interns so that they are eligible for the program.

- BPC Section 4999.120 LPCC Fees: This section sets the various fees charged to LPCCs. This section does not currently set fees for rescoring of an examination, the issuance of a replacement registration, or for a certificate or letter of good standing. These fees exist in MFT, LCSW and LEP code and these services will be required of the Board in licensing LPCCs. The recommendation is to amend this section of the LPCC code to set fees for rescoring of an examination, the issuance of a replacement registration, and for a certificate or letter of good standing.

Mr. Caldwell referred to the first proposed amendment to BPC Section 4980.03. He explained that if LPCCs is added to the list of licensees which may supervise MFT Interns that does not change what is in the California Code of Regulations (CCR) or the MFT licensing act. The CCR states that a supervisor not licensed as an MFT must have training, experience and education to competently practice marriage and family therapy in California. The licensing act, there are “carve outs” allowing other licensees to practice marriage and family therapy even if they are not licensed to do so. LPCC is not included in the “carve outs.” Mr. Caldwell provided examples where “carve outs” were and were not included. If LPCCs is added to the list in section 4980.03 but they are not defined elsewhere to practice marriage and family therapy, then licensees are supervising, which they cannot do.

Mr. Caldwell referred to discussions at the Policy and Advocacy Committee meeting. Specifically, MFT Interns who are working with couples and families and ensuring LPCCs who are supervising those interns have the required training to work with couples and families themselves. Mr. Caldwell recalled that CAMFT and California Coalition for Counselor Licensure (CCCL) claimed this was covered in the Supervisor Responsibility Statement. Mr. Caldwell researched this, and stated that the language on the Supervisor Responsibility Statement refers back to the CCR section that states that a supervisor not licensed as an MFT must have training, experience and education to competently practice marriage and family therapy in California. This is different from the requirement outlined in the LPCC scope of practice language that in order to assess or treat couples and families, they must have the additional training and experience. Mr. Caldwell expressed that LPCCs that are qualified to supervise MFT Interns ought to be able to do so, but this language does not resolve that. He suggested that stakeholders work with the Board to revise the language.

Ms. Helms agreed with Ben and referred to section 4999.20(a) that outlines the specifications that the LPCC must have in order to treat couples and families. That is not mentioned on the Supervisor Responsibility Statement or anywhere else, including on the forms. This could be clarified in section 4999.46 regarding supervisor experience requirements for LPCCs, or adding a reference to 4999.20 on the Supervisor Responsibility Statement.

Ms. Rhine stated that Mr. Caldwell brought up some very good points and clarification is needed. This is something that should be returned to the Policy and Advocacy Committee, and staff can work with stakeholder on the language.

Ms. Riemersma read the Supervisor Responsibility Statement:

A supervisor who is not licensed as a marriage and family therapist shall have sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California.

Ms. Riemersma explained that the LPCC must have the requisite education that their law provides if they are going to provide that service. She continued to read from the Supervisor Responsibility Statement:

The supervisor keeps himself/herself informed in developments in marriage and family therapy and in California law governing marriage and family therapy.

Ms. Riemersma expressed that it is clearly stated.

Mr. Wong referred to BPC Section 4992.3 regarding to LCSW scope of competence. He expressed concern regarding scope of practice versus scope of competence, explaining that those reading the scope of practice will read it literally, and if something is not specifically listed under the scope of practice then the LCSW will be accused of unprofessional conduct. In scope of competence, this allows the practitioner to say he/she is competent due to their education. He warned that care should be taken when making this change due to the way others may read the language. Mr. Wong stated that this needs to be examined more carefully and offered to work with staff on the language.

Ms. Lock Dawson stated that the term “competence” is maintains flexibility but also maintains a high standard and the same protections.

Mr. Webb stated that scope of competence is broader which will allow the LCSW to diagnose or provide drug and alcohol counseling, for example, and not be at risk of a lawsuit even though it is not outlined in their scope of practice. Mr. Webb supported the proposed changes to the language.

Ms. Riemersma explained that competence is defined by education, training and experience, which covers areas that are not outlined in the scope of practice.

Renee Lonner moved to accept recommendations with exception of BCP Section 4980.03. Donna DiGiorgio seconded. The Board voted unanimously (10-0) to pass the motion.

The Board convened for a break at 11:20 a.m. and reconvened at 1:05 p.m.

c. Legislative Update

Ms. Helms presented. Senate Bill (SB) 1489 sponsored by the Board was signed by the Governor. This bill adds language to clarify MFT experience hours, corrects an inconsistent statute regarding the hours of direct supervisor contact per week specified for an ASW, amends LPCC licensing law to add a violation of telemedicine statute to the unprofessional conduct section, amends the statute to clarify the LPCC intern experience setting in which an intern may gain experience, and adds clarifying language regarding LPCC practicum for LPCC grandparent applicants.

Ms. Helms reported that SB 2191 sponsored by the Board was signed by the Governor. This proposal would allow the Board to create a retired license category for all licensees, with a one-time fee of \$40.

Ms. Helms reported on Board-supported bills that were signed into law.

- AB 2020 Confidentiality of Medical Information: Disclosure - This proposal will allow a health care provider or health care service plan to disclose information relevant to an incident of child abuse or neglect, or an incident of elder or dependent adult abuse,

without needing written authorization before they can report as specified in current law.

- AB 2167 Clinical Social Workers: Examination Requirements - This proposal removes the requirement for LCSW licensure that an applicant takes a standard written examination and clinical vignette examination and instead, requires those applicants to pass the ASWB Clinical Level Exam and a California jurisprudence and ethics examination incorporated or developed and administered by the Board. The provisions of this bill would be effective January 1, 2014 only if the board determines by December 1, 2013 that the ASWB examination meets the prevailing standards for validation and use of the licensing and certification tests in California.
- AB 2339 Child Abuse Reporting - This proposal allows information relevant to an incident of child abuse or neglect and information relevant to a report made relating to a child suffering serious emotional damage, to be given to an investigator from an agency that is investigating a known or suspected case, the State Department of Social Services, or specified county agencies.
- AB 2380 Child Abuse Reporting - This proposal clarifies the meaning of reasonable suspicion as it relates to the reporting of child abuse by adding language to statute.
- AB 2435 Elder and Dependent Adult Abuse - This proposal requires MFT, LCSW and LPCC applicants to complete coursework which includes instruction on the assessment and reporting of, as well as the treatment related to, elder and dependent adult abuse and neglect.
- SB 294 Professions and Vocations: Regulation - This bill would change the Board's sunset date from January 1, 2011 to January 1, 2013.
- SB 1172 Regulatory Boards: Diversion Programs - This proposal requires the Board to order a licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation.

Ms. Helms reported on SB 543 Minors: Consent to Mental Health Treatment. This proposal would allow a minor who is 12 years of age or older to consent to mental health services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. The Board was monitoring this bill, although it did not take a position on the bill. The Governor signed SB 543.

Ms. Helms reported on SB 686/SB 1203 Alcohol and Other Drug Counselor Licensing and Certification. These proposals would allow the State Department of Alcohol and Drug Programs to license or certify alcohol and other drug counselors under three different levels of practitioner. Both bills failed passage.

There were no comments or questions presented.

d. Rulemaking Update

Ms. Helms reported on the rulemaking package to implement the LPCC program. It also makes changes to the continuing education requirements for LEPs. The rulemaking package was submitted to DCA in September 2010, and was approved by DCA. It is now at the State and Consumer Services Agency, and they are currently reviewing it. Once approved, the package will be forwarded to Department of Finance, then to the Office of Administrative Law.

Ms. Helms reported on upcoming regulation planning in 2011. Staff will address revisions to the advertising regulations. The Board approved text in November 2009.

There were no comments or questions presented.

XII. Discussion and Possible Action on Marriage and Family Therapist Practicum Requirement; Trainees Counseling Clients; Exceptions

Ms. Lonner reported that this item was tabled and will be presented at the next Board meeting.

XIII. Compliance and Enforcement Committee Report

Ms. Madsen presented the enforcement statistics, with emphasis on the number of complaints received and the number of convictions and arrest reports received. These numbers are increasing. The number of cases referred to the Attorney General (AG) has also increased.

Ms. Madsen reported on process improvements. The Board is participating in the department's drug testing contract. Licensees on probation and subject to requirements of drug testing will be randomly chosen by the system to submit tests. Staff will no longer coordinate the testing.

Ms. Madsen reported that the September 2010 meeting was cancelled due to furloughs. There will be a regular meeting schedule for this committee during 2011.

Ms. Froistad and Ms. Lonner asked why the numbers are increasing. Ms. Madsen responded that the increase is indicative of a combination of reasons, specifically the mandated fingerprinting for existing licensees that were not fingerprinted prior to licensure and outreach and awareness in the communities.

Mr. Webb asked if the numbers are proportionate to the licensee population. Ms. Madsen confirmed that the numbers are proportionate, and added that with the increase in licensing numbers, there will be an increase in complaints.

Ms. Riemersma asked, with the increase of DUIs, if the standards are stricter now than in the past. For example, is the licensee or registrant disciplined for a DUI that is unrelated to the practice of profession? Ms. Madsen responded that staff can determine by looking at the circumstances when a DUI is not related to practice and a threat is not imposed. Those are signed off, and the applicant moves forward in the application process. Those who are moving forward in the disciplinary process are those with different circumstance that are determined through the arrest report. Circumstances are different from case to case, and those circumstances are weighed out.

Ms. Riemersma asked if there was an official adoption of the uniform standards. Those currently undergoing disciplinary action are led to believe that they will be going through random drug or alcohol testing twice a week. Ms. Riemersma asked if this population had been notified that these standards have been adopted, and that they will be held to these standards. Ms. Madsen responded that the Board has not officially taken a position or moved to implement regulations to enforce the standards. The Board is precluded from doing that because it already has a regulation package going forward for the LPCC project, and the Board is modifying its disciplinary guidelines in that package. The Board cannot do two regulation packages at the same time to modify the same section of regulation.

Ms. Madsen added that the Board did enter the department's drug contract. There is no set number as to how many times those individuals will be tested, but it is not the number outlined in the standards; it is a random selection.

XIV. Board Member Ethics Presentation by Gary Duke, Senior Legal Counsel

Gary Duke, Legal Counsel, led the Board member ethics presentation. Dr. Duke presented the Bagley-Keene Open Meeting Act top ten rules and ethical decision making to board members. Mr. Duke also addressed Form 700 and directed board members to the Fair Political Practice website. At the end of the presentation, there was a question and answer session between board members and Mr. Duke.

The Board adjourned at 2:40 p.m.

November 5, 2010

Renee Lonner, Chair, LCSW Member
Samara Ashley, Public Member
Janice (Jan) Cone, LCSW Member
Gordonna (Donna) DiGiorgio, Public Member
Harry Douglas, Public Member
Mona Foster, Public Member
Patricia Lock Dawson, Public Member
Michael Webb, MFT Member
Christine Wietlisbach, Public Member

Kim Madsen, Executive Officer
Tracy Rhine, Assistant Executive Officer
Gary Duke, Legal Counsel
Christy Berger, MHSA Manager
Christina Kitamura, Administrative Analyst
Cynthi Burnett, Enforcement Analyst
Julie McAuliffe, Enforcement Analyst
Angie Ramos-Zizumbo, Enforcement Analyst
Pat Fay, Enforcement Technician
Michelle Eernisse-Villanueva, Enforcement Technician

Members Absent

Elise Froistad, Vice Chair, MFT Member
Judy Johnson, LEP Member

Guest List

On file

FULL BOARD OPEN SESSION

Renee Lonner, Board of Behavioral Sciences (Board) Chair, called the meeting to order at 8:37 a.m. Christina Kitamura called roll, and a quorum was established.

XV. Introductions

The Honorable Marilyn Woollard, Administrative Law Judge (ALJ), opened the hearing. Board members introduced themselves.

a. Petition for Early Termination of Probation, Patricia Kathleen Walker, MFC 27583

Patricia Kathleen Walker (petitioner), MFC 27583, came before the Board to petition for modification of probation terms. The petitioner represented herself. Christina Thomas, Deputy Attorney General (DAG), representing the Board of Behavioral Sciences, summarized the disciplinary action taken by the Board against the petitioner's license.

The petitioner was sworn in. Ms. Thomas asked the petitioner a series of questions. Questioning was turned over to the Board members. The Board moved into closed session to deliberate.

The Board took a break at 9:43 a.m. and reconvened in closed session at 9:50 a.m.

FULL BOARD CLOSED SESSION

XVI. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session for Discussion and Possible Action on Disciplinary Matters

The Board met in closed session.

XVII. Pursuant to Government Code Section 11126(e)(1) the Board Will Confer With Legal Counsel to Discuss Pending Litigation:

*California Association of Marriage and Family Therapists, a California Non-Profit Mutual Benefit Corporation vs. Board of Behavioral Sciences,
Case Number 34-2010-80000689, Sacramento Superior Court*

The Board and legal counsel met in closed session.

Renee Lonner excused herself from the remainder of the board meeting. Christine Wietlisbach resumed as acting Chair.

The Board took a break at 11:24 a.m. and reconvened in open session at 11:42 a.m.

FULL BOARD OPEN SESSION

XVIII. Mental Health Services Act Report

a. Presentation on the Mental Health Services Act, SB 33 and LPCC's: A View from the Ground Level by Rita Downs, M.Ed., MPA, Director, Calaveras County Behavioral Health Services, and Laurie Sundholm, Older Adult Community Services Liaison and Consumer

Christy Berger, MHSA Liaison, presented. Her position is funded by the Mental Health Services Act (MHSA). She provided an overview of what MHSA aims to accomplish:

- Services should be consumer driven
- Consumers and family members are considered to be the primary decision makers
- People can recover from severe mental illness
- Do whatever it takes approach

Ms. Berger explained that the Board is working to try to understand how this change in practice will impact its licensees, education and testing.

Consumers and family members are at every level of the decision making process in the service delivery system.

Workforce is transformational to the change MHSA is trying to implement. Without a changed workforce, you can't implement these changes.

Because of the funding restrictions, odds are that the jobs that are out there right now are MHSA-funded.

Thirteen percent (13%) of California (by population) is considered to be a mental health professional shortage area. The number one problem faced by those areas is finding licensees and licensed supervisors. Those are the hardest to fill positions.

How will mental health parity and health care reform impact our workforce? A lot more people will be covered, and private and public sectors will be competing for the same workforce. At the same time, the move toward integrating primary and mental

health care will impact the kinds of skills our licensees will need to have. There is a lot of talk of medical homes for example. Board licensees will need to know how to function in that type of collaborative environment.

Rita Downs and Laurie Sundholm from Calaveras County Behavioral Health Sciences presented.

Ms. Downs spoke on behalf of the public mental health system, rural counties, and Calaveras County in particular. Ms. Downs came to California from Oregon, and was licensed as an LPCC. She was aware that her license would be no good in California. Ms. Downs holds Masters degrees in both Counseling and Public Administration. When she came to California, public mental health looked like private practice for poor people. In 1994 there came realignment, which means that counties got to manage the money. When she arrived at Calaveras County, it was the first month after the MHSA's passage. She had 30 staff, one director and nobody in the middle. Everyone was getting outpatient treatment unless they were severely mentally ill. In that case, the patient was hospitalized as a 5150, then moved to an Institute for Mental Disease (IMD) facility, then if that worked out, on to a Board and Care, then to an apartment or back with your family, then day treatment, and then you cycled through again. None of this was the patient's choice.

With MHSA came the recovery model. The intent of MHSA is to transform how mental health care is delivered in California. Calaveras County went from an agency where consumers are shuffled here and there to where consumers are on the advisory board, setting policy, providing services and running a clubhouse. There are seven positions identified for consumers.

Laurie Sundholm is an outreach worker to people older adults with more severe illnesses. She stated that older adults have been lost in the rural areas. If it weren't for MHSA and the outreach, she wouldn't be able to reach these people. Because of MHSA and her history, she is connected to Dual Diagnosis Anonymous, which is a consumer-run group. When she visits a senior's home, she gets a feel for what they might need. She usually refers them to the senior peer program or to Catholic Charities. In a situation where they cannot get out too often, she just listens to them, because talking is what they want to do most of all.

Ms. Downs explained that the MHSA was instrumental in changing what is going on with their department. Their workforce program is one of two programs that won the California State Association of Counties Challenge award. They set up career ladders, two social rehabilitation programs, and now have 24 consumers who have signed up to take the certificate classes. These consumers have become students. They're helping the students through loan assumption programs. The clinical and administrative staff has gone back to school. They have also helped develop the weekend social work program.

Calaveras was the county that said workforce has to include *all* workforce, not just clinical staff.

Their fiscal staff goes to the MHSA Advisory Board meetings. Everyone else there is a consumer. Every other Friday, they have a drop-in day where people who were not able to make their appointment can see a doctor. They do this because people with

mental health challenges do not necessarily have a good sense of time, and some of them do not have a place to live.

Regarding cultural diversity, their staff is somewhat diverse. They mirror the community. Since MHSA they have been seeing more people. People are calling in and accessing their crisis lines. Their patients make up about 50% Medi-Cal beneficiaries and 50% people with no insurance.

In the Full Service Partnership (FSP) for adults, consumers are given prepaid phone with a reasonable number of minutes. Staff can call and remind them of their appointments. The drop-in day is the best thing that has happened. On Fridays, the people get together. Those Fridays help change the attitude.

XIX. Master's Thesis Presentation on BBS Licensing Process Success Factors, by Sean O'Connor

Licensing Success Factors

Sean O'Connor testified on his master's thesis which examined why 17% of qualifying degree holders who registered as an Associate Clinical Social Worker (ASW) went on to receive the Clinical Social Worker (LCSW) license as of 2008 and why 31% of qualifying degree holders who registered as an MFT Intern after graduating earned their license.

Mr. O'Connor obtained his data by mailing out a survey to individuals. Fifty-three percent (53%) of those who responded had a license. The median age of the respondents was 35. Most were female and most licensees are female. Most work in the Bay Area and Los Angeles. Fifteen percent (15%) of the respondents are fluent in Spanish. Twenty-seven (27%) found it difficult to complete their hours. Thirty percent (30%) found it difficult to find a practicum site. Twenty-eight (28%) found it difficult to find a qualified supervisor.

Some of the factors which seem to influence whether or not an individual will obtain licensure include:

- Ethnicity. Individuals who were African-American and/or Latino were less likely to obtain a license. This is of concern as the professions are already skewed toward caucasian women and it looks like the trend will continue.
- Geographic regions. Individuals who spent any time at all working in the Bay Area were more likely to go on to licensure than individuals who had not.
- Work settings. Individuals who worked in County-contracted public mental health agencies were more likely to attain licensure than individuals who worked in other settings. Mr. O'Connor mentioned that qualitative research suggests that this may be a conscious decision that individuals make. The pay in non-public mental health agencies tends to be higher; however it is more difficult to obtain qualified supervision in such settings.
- Difficulty in finding supervision. There is a one-to-one correlation between the difficulty of finding qualified supervision and the decreased chances of obtaining licensure. So a 28% difficulty in finding appropriate supervision translates into a 28% decrease in the likelihood that an individual will obtain a license.
- 17% of respondents paid for supervision out of pocket.

Mr. Caldwell made the following comments following this presentation:

- It appears that there are many licensees in a particular geographic area; you are more likely to find supervision so it becomes a vicious feed-back loop.
- It appears that people coming in from out-of-state experience significant barriers to becoming licensed. Can anything be done about that?
- It also appears that the more people are satisfied with the education they had received; the more likely they were to get licensed. Are there meaningful parts of education that could be parsed and made into best practice? Alliant University would be happy to help with that research.

The Board commended Mr. O'Connor on his work.

XX. Suggestions for Future Agenda Items

No suggestions for future agenda items were made.

XXI. Public Comment for Items Not on the Agenda

Mr. Caldwell requested that future board meetings to northern California begin after 9 a.m. Flights from southern California do not arrive in Sacramento before 8:30 a.m.

Riemersma thanked the Board for including exam pass rates in the meeting packet.

The Board adjourned at 12:51 p.m.